PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected I maintenance fee notification	rm should be used respondence includi- pelow or directed of is.	for transmitting the ISS ng the Patent, advance of herwise in Block 1, by (
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.		
29175 75		1/2008			tificate of Mailing or Trans	mission
BELL, BOYD & LLOYD, LLP				reby certify that thi	s Fee(s) Transmittal is bein	deposited with the Unite
P. O. BOX 1135 CHICAGO, IL 60690				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being faesimil transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Depositor's name)
					*	(Signature)
			L			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/540,237 07/19/2005			Eriko Matsui		112857-457 1612	
TITLE OF INVENTION: FU	JNCTIONAL MOLE	CULAR ELEMENT AN	ID FUNCTIONAL MOLE	CULAR DEVICE		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEB TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	07/02/2008
EXAMINE	R	ART UNIT	CLASS-SUBCLASS	1		
LULIS, MICHAEL P		2824	257-040000	,		
1. Change of correspondence address or indication of "Fee Address" (37			2. For printing on the patent front page, list			
CFR 1.363).			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 listed, no name will be printed.			
3. ASSIGNEE NAME AND						
PLEASE NOTE: Unless recordation as set forth in	an assignce is identi 37 CFR 3.11. Comp	fied below, no assignee detion of this form is NO	data will appear on the pa T a substitute for filing an	atent. If an assigne	e is identified below, the de	ocument has been filed for
(A) NAME OF ASSIGNE			(B) RESIDENCE: (CITY			
SONY CORPORAT	ION		Tokyo, Japan			
Please check the appropriate	assignee category or	categories (will not be pr	inted on the patent):	Individual 🔁 Cor	poration or other private gro	up entity 🚨 Government
4a. The following fee(s) are s ☑ Issue Fee	submitted:	41	Payment of Fee(s): (Plea	se first reapply any	previously paid issue fee	hown above)
Publication Fee (No sr	ermitted)		Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of	Copies1	···	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-1818 (enclose an extra copy of this form).			
5. Change in Entity Status (_ '		L ENTITY status. See 37 CF	
NOTE: The Issue Fee and Puinterest as shown by the recor	blication Fee (if requ	ired) will not be accepted				
microst as shown by the recon	ds of the office state	cs raicht and Tracemark	Office.			
Authorized Signature			DateJuhe 30,02008			
Typed or printed name Thomas C. Basso			Registration No. 46,541			
This collection of information an application. Confidentialit submitting the completed app this form and/or suggestions Box 1450, Alexandria, Virgini Alexandria, Virginia 22313-1	is required by 37 Cl y is governed by 35 blication form to the for reducing this bur ita 22313-1450. DO 450.	FR 1.311, The informatio U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	n is required to obtain or n 1.14. This collection is esti depending upon the indivi- chief Information Office COMPLETED FORMS TO	etain a benefit by the mated to take 12 mi idual case. Any com r, U.S. Patent and T THIS ADDRESS.	e public which is to file (and inutes to complete, including ments on the amount of tin rademark Office, U.S. Depa SEND TO: Commissioner f	by the USPTO to process) gathering, preparing, and te you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.